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Discriminatory Abuse Practice Toolkit: Making Safeguarding Equitable

Karl Mason

Foreword

Discriminatory abuse is frequently overlooked in safeguarding adults practice, but its impacts are profound. Increasingly, Safeguarding Adults Reviews recognise the ways in which discrimination and discriminatory abuse can feature in people's lives, whilst also identifying gaps in how these experiences are named and responded to by practitioners and organisations. Recognising discrimination, understanding its impact and working sensitively alongside people with care and support needs who experience it are therefore central to effective safeguarding practice.

This resource makes an important contribution to addressing this area of practice. It provides a practical and accessible tool to support all practitioners work to safeguard adults, their managers and organisations to strengthen their understanding of discriminatory abuse and develop more confident and effective responses.

Drawing on his ongoing research and practice innovation, Karl Mason has developed a tool that helps practitioners to understand discriminatory abuse, recognise how it may present in practice, have sensitive and person-centred conversations and identify the organisational support needed to work effectively in this area. Importantly, it encourages practitioners to remain curious about people's experiences and identities and to develop allyship and rights-based support for people who are affected.

We have no doubt that this toolkit will support thoughtful conversations, challenge assumptions about what this work involves and build practitioner confidence, ultimately leading to more equitable safeguarding support. We will continue to publicise and promote the toolkit as an extremely helpful to support improvement in safeguarding practice.

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Introduction from the author

This toolkit aims to support safeguarding practitioners and their organisations to address the under-reported category of discriminatory abuse. Adopting the term 'Making Safeguarding Equitable' builds on the 'Making Safeguarding Personal' agenda in England, which promotes person-centred safeguarding practice and professional curiosity about what matters to people. To date, the role of equity has only been hinted at in the Making Safeguarding Personal agenda. Making this link helps us understand how intersectional identities (age, disability, sex, race, sexuality, gender identity, religion and so on) can impact on experiences of discriminatory abuse.

Less than 1% of safeguarding activity is attributed to discriminatory abuse (NHS Digital, 2025), but virtually all safeguarding activity relates to age or disability related care and support needs, and many adults have additional (multiple) protected characteristics. Addressing safeguarding without considering issues of ageism, ableism, sexism, racism, homo/bi/transphobia and religious discrimination could leave those affected without support to achieve resolution after the experience of abuse, because the discriminatory nature of what has happened to them has not been accounted for.

The toolkit has been developed through impact activities that shared research evidence around discriminatory abuse. Workforce development and community of practice sessions were run in several local authorities, including City of Bradford, London Borough of Harrow and North Lincolnshire Council, as well as discussions with key informants who have lived experience or who have roles relating to safeguarding and workforce development. Drawing on these activities and the conversations that they facilitated, the toolkit aims to enable practitioners and their organisations to better engage with discriminatory abuse. This includes direct practice and resources aimed at addressing the organisational context that supports this practice.

The toolkit will be structured around four core sections:

1. Understanding Discriminatory Abuse
2. Identifying Discriminatory Abuse
3. Discussing Discriminatory Abuse
4. Supporting Practice with Discriminatory Abuse

Discriminatory abuse happens in different ways for different people and has different impacts at individual and community levels. The toolkit offers one step in thinking about discriminatory abuse, but encourages practitioners, teams and organisations to use the toolkit as a starting point for developing their practice. Toolkits do not change day to day practice on their own, but taking up this toolkit may be part of a wider set of initiatives that can improve the recognition of discriminatory abuse to work towards 'Making Safeguarding Equitable'.



Section 1: Understanding Discriminatory Abuse

This section supports you to prepare for practice with Discriminatory Abuse by:

1. Considering the definition(s) of discriminatory abuse
2. Understanding the policy and law on discriminatory abuse
3. Exploring how discriminatory abuse intersects with other types of abuse and 'edge of care and support' themes
4. Adopting theories and concepts that support thinking about discriminatory abuse
5. Learning from Safeguarding Adult Reviews about discriminatory abuse

Defining Discriminatory Abuse

Discriminatory Abuse has been defined as:

> "Forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation, religion" (DHSC, 2025, s.14.17).

This definition comes from the statutory guidance on discriminatory abuse and it lays out how discriminatory abuse can be carried out (slurs and harassment) and the protected characteristics that can be targeted. Other definitions offer a broader view:

> "Discriminatory abuse [...] describe(s) serious, repeated or pervasive discrimination which leads to significant harm or exclusion" (Brown, 2000: 18)

> "Discriminatory abuse exists when values, beliefs or culture result in a misuse of power [...] exclud(ing) them from opportunities they should have as equal citizens" (SCIE, 2011: 12)

The second definition introduces the element of patterns, time, significance and an outcome of exclusion, while the third definition pushes further to integrate values, beliefs and cultures in which discrimination can thrive. It introduces an inequalities and power dynamics element that echo the idea of equity as a vital component of responding to discriminatory abuse in safeguarding.



Reflection:

What are the positive elements of each of these definitions?

How do they support practice with discriminatory abuse?

What are the differences and the gaps?

Which definition do you prefer and why?

What practitioners said:



Practitioners liked:

- rights-based focus
- explicitly naming of protected characteristics
- recognition of patterns and time
- emphasis on values, equalities and power dynamics



Practitioners wondered:

- why are some characteristics (e.g. maternity or marriage) missing?
- can other characteristics be included (e.g. homelessness, migration status or being care experienced)?
- what does 'similar treatment' mean?



What else is missing:

The definitions might be considered to be thin, given that personal experiences of discrimination can be so varied and do not always feature harassment or slurs. For example, all of the following might also be forms of discrimination: micro-aggressions, threats or assaults based on protected characteristics and incitement of others to discriminate



Question:

Would people themselves use this term, or would they use terms like racism, homophobia, ageism, etc? These terms refer to specific forms of discrimination and a discriminatory abuse framing should not divert us from using the terms that people identify or from addressing more specific or intersectional forms of discrimination.

Discriminatory Abuse timeline

2000

No Secrets Guidance – first national safeguarding statutory guidance and included category of Discriminatory Abuse



2007

Putting People First – policy which promoted empowerment and person-centred care in adult social care



2010

Equality Act – integrated 'protected characteristics' into duties of public bodies



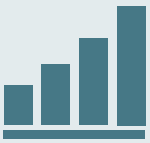
2014

Care Act and Care and Support Statutory Guidance – first integrated safeguarding into law and retained the No Secrets definition of Discriminatory Abuse



2016

NHS Digital begin the collection of statistics on safeguarding enquiries. Discriminatory abuse falls below 1% annually (with one marginally higher example)



2020

First national SAR analysis identifies that discriminatory abuse, particularly relating to culture, race and unconscious bias, is under-examined in SARs and recommends briefings on good practice be developed in this area



2021

CQC publish their 'culturally appropriate care' guidance



2022

Partners in Care and Health hold a roundtable discussion and publish a self-assessment tool for safeguarding adults stakeholders around discriminatory abuse



2024

Second national SAR analysis identifies limited progress around the identification and impact of protected characteristics, such as gender, race and ethnicity, sexuality and religion and sets an improvement priority in this area.



Key law and policy

Care Act, 2014 – Provides a framework for assessing, supporting and safeguarding adults at risk (including conducting enquiries). Discriminatory abuse is one of ten categories of abuse in the Care and Support Statutory Guidance.

Making Safeguarding Personal – Guides person-centred safeguarding practice, centring the person's wishes, beliefs and preferences. Person-centred practice includes matters of identity and protected characteristics. Useful resource: Local Government Association toolkit.

Human Rights Act, 1998 – Enshrines the European Convention on Human Rights into domestic law. Article 3 provides an absolute right to freedom from torture, humiliation and degrading treatment or punishment. Article 14 provides a right to protection from discrimination in the enjoyment of other rights within the Act. Useful resource: Research in Practice briefing on Human Rights in Assessment.

Equality Act 2010 – Provides protection when at work, when buying or renting, when in education or when using public services from unfair treatment and harassment on the grounds of a list of protected characteristics. In safeguarding, this means that addressing discrimination is a professional duty and is not optional within our work. Watch: Equality Human Rights Commission video on protected characteristics.

The protected characteristics are:



Links to other forms of safeguarding

It is highly likely that people who have safeguarding needs have protected characteristics due to the intersection of care and support needs with characteristics such as age and disability. Many people face abuse or neglect because they are considered as more vulnerable or might not be in a position to report concerns due to communication or other reasons. Therefore, discriminatory abuse is likely to be a component of many of the issues encountered in safeguarding work.

Discriminatory abuse often works through other categories of abuse.

Examples:

- A racist assault = Discriminatory abuse + physical abuse
- Targeting older people with scams = Discriminatory abuse + financial abuse
- Non-consensual sexual activity for a person with learning disability = Discriminatory abuse + sexual abuse
- Intimidating, isolating and threatening to 'out' a gay partner to their family = Discriminatory abuse + domestic abuse

The purpose of these examples is to show that discriminatory abuse is implemented through other types of abuse, such as physical abuse, financial abuse, sexual abuse or domestic abuse. But the discriminatory dynamics are important to foreground because they are likely to be central parts of the person's experiences. If we only addressed the other forms of abuse (physical, financial, sexual, domestic abuse) without considering the discriminatory aspects (racism, ageism, ableism or homophobia), we risk leaving the person without opportunities to address how these traumatic experiences also cause a different form of harm to the abuse type through which it was implemented – for the first example, the physical abuse will cause harm, but different harm is caused by the experience of racism and other forms of discrimination. This is the value of a discriminatory abuse lens in safeguarding adults.

This is similar to how domestic abuse can include physical abuse, sexual abuse, psychological abuse and we foreground the term domestic abuse rather than the other forms of abuse because it clarifies the context of an intimate or family relationship

In the same way, even though discriminatory abuse may take place through physical abuse, sexual abuse, psychological abuse, domestic abuse, organisational abuse and neglect, it is still important to foreground the context of somebody's protected characteristics and identity.

Overlap with organisational abuse

Discriminatory abuse can occur in care settings and therefore links to organisational abuse as well as interlinking with Person in Position of Trust policies.

Discriminatory abuse in an organisational setting often occurs or escalates in settings where culture permits or ignores prejudicial behaviour. It can include:

- Misuse of professional authority (e.g. unnecessary restrictions or threats).
- Behaviour embedded in staff or management attitudes is likely to be repeated.
- Indicators of wider risk (multiple people with similar characteristics may be affected).
- Concerns that require regulatory, employer or professional body involvement.



Reflection:

Case Study 1: Nora (65) is a Jewish woman who has specific religious and cultural dietary requirements (kosher) and has a physical disability. She lives in a care home and has been told that she should just eat vegetarian food as they cannot prepare meals for every individual. Nora tried to explain that vegetarian meals would not address her kosher requirements but was made to feel she was being difficult.

1) What categories of abuse would you use to describe this?
2) How do elements of inequality, power and values, which play a role in how we understand discriminatory abuse, play a role in this situation?
3) How might the *Equality Act 2010* be used to support your practice?
4) Would it make any difference if you only described this as organisational abuse and did not add that it also involved discriminatory abuse and what would that difference be?

Case Study 2: Jacob (24) is a Black British man with learning disabilities who lives in semi-independent accommodation and enjoys visiting the local park. He has been called names that are both racist and ableist.

1) Consider and describe the ways in which this may impact on Jacob?
2) How would you respond if Jacob said that it happens all the time and is normal?
3) How would you respond if Jacob stopped visiting the local park?
4) What would be the difference if you only described this as 'psychological abuse' and did not also describe this as 'discriminatory abuse'?

Research says:

It is good if these examples are identified as safeguarding issues regardless of the category, but the structural impacts of antisemitism, racism or ableism might be ignored if we miss discriminatory abuse (Mason et al, 2022). The care home and local park are not just where the abuse occur, they provide the context for discriminatory abuse (Mason, 2023).

Practitioners said:

The care home setting may be enabling the abuse to occur due to Nora's care needs and requirement for support from those who have dismissed her dietary and cultural needs. The fact that the abuse occurred in the local park, which Jacob enjoys, may prevent him from going out, enjoying his community and may isolate him.

Edge of care and support themes

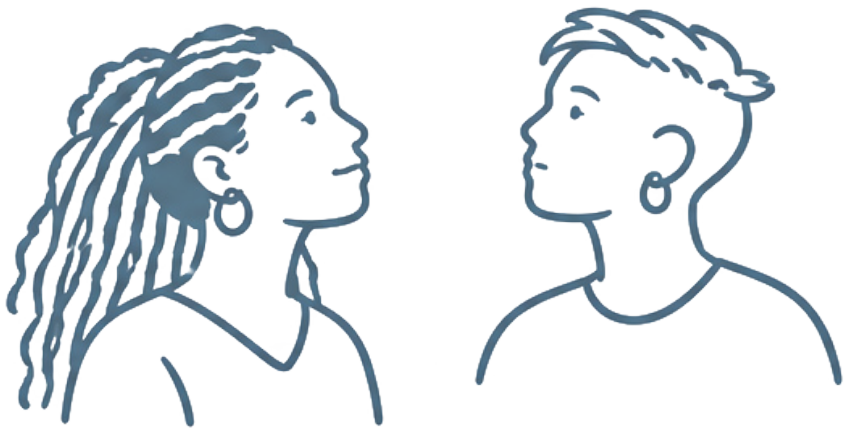
Aside from traditional categories of abuse, discriminatory abuse also aligns with a number of 'edge of care and support' themes, which are at the boundaries of standard safeguarding responses and can be missed.

Hate crime – a criminal offence where a criminal act is motivated by hostility or prejudice towards specific characteristics. It is not the same as discriminatory abuse because it does not require care and support needs, is narrower than safeguarding in only referring to crime that is hate-related and it only refers to five characteristics: race, religion, sexuality, disability or gender identity. Nonetheless, it signals a parallel role for police colleagues when discriminatory abuse may also be reportable as a hate crime.

Mate crime – where another person pretends to be a friend of an adult with care and support needs in order to exploit or take advantage of them. It overlaps with disability hate crime if the person is targeted due to a disability but may also require a safeguarding approach where discriminatory abuse should be considered.

Exploitation –includes criminal and sexual exploitation. Home take-over (or cuckooing) is a form of criminal exploitation where a person's home is taken over for illicit purposes such as drug use and dealing. Modern slavery and Labour Exploitation are other forms of exploitation where people are forced into work with little or no pay. In some cases exploitation may occur due to the person being viewed as vulnerable due to their characteristics and a discriminatory abuse framing could therefore be important. Resource: Understanding the exploitation of adults | Research in Practice

Radicalisation – adults at risk may be taken advantage of by individuals or groups who seek to influence them towards extreme views and ideologies, potentially encouraging their involvement in extremist, ideologically motivated crimes. Conversely, those with protected characteristics may be targeted by those who hold extremist views.



Theory and concepts to support discriminatory abuse practice

Anti-oppressive practice and anti-discriminatory practice – Focus on how social difference is associated with wider power dynamics. Oppression and discrimination play out across personal, cultural and structural aspects of our lives (Thompson, 2020). Examples:

- At a ***personal*** level (thoughts and beliefs), a social worker may not have reflected upon the impact their religious views could have on someone of a different faith.
- At a ***cultural*** level, teams may not have considered why certain groups are more or less likely to be referred to their services.
- At a ***structural*** level, social workers should consider how policies may help but also hinder some people who use their services.

Approaches such as anti-racist practice, feminist practice and LGBTQ+-affirmative practices draw on the principles of these approaches.

Cultural Humility and Cultural Safety is spotlighted by Sola Afuape in the most recent London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures (London Safeguarding Adults Boards' Network, 2025) as a vital approach when working across areas of cultural difference. This is highly relevant to work with discriminatory abuse as it requires practitioners to develop their understanding and self-reflection of cultural difference and power imbalances within these differences. It also highlights that safeguarding practices need to be adapted when working across areas of difference, using an ethos of respectful collaboration. Cultural safety is also important because not only should we attempt to provide this for those we work with, addressing discriminatory abuse also requires practitioners to feel supported to do so within their organisations.

Allyship is a related concept requiring a step beyond one's own positionality and comfort zone to stand alongside another person who faces oppression and asking how can I be an ally in this situation (See SCIE resource).



Research says:

Sometimes an anti-discriminatory approach does not resolve tensions that arise between two protected characteristics (Cocker and Hafford-Letchfield, 2014). In these circumstances, social workers have commitments to practice in a person-centred way. Martinez et al's (2011) work suggests that while our own values and beliefs may come into play in the work that we do, we need to prioritise a person-centred approach in the manner that we treat people and seek to understand and support their needs.



Practitioners said:

This lens is particularly important given the hostile political environment which can embolden those with discriminatory views to act.

Radical safeguarding – Draws on social justice and equalities principles, social movements and lived experience perspectives. This means safeguarding does not just focus on risk assessment but also works towards equity (Taylor, 2022). For example, safeguarding would not just focus on recovery following abuse or neglect with an adult who experiences disability discrimination on public transport but might also address safety issues with the transport company. ***Useful resource***: Radical safeguarding toolkit

Intersectionality – This is an approach to social difference that considers how multiple, intersecting social characteristics inform our experiences and these interact with political structures (Crenshaw, 1991). For example, being older, Black and gay may mean you face simultaneous ageism, racism and homophobia. ***Useful resource***: Intersectionality | Research in Practice

Contextual safeguarding – This encourages attention to the context, places and spaces in which harm occurs and considers how this context is not simply a backdrop for harm, but may contribute to aspects of risk and safety (Firmin, 2020). For example, safeguarding could involve working with safer neighbourhood and public parks teams to address community safety in a local park where an older person has been harassed.

Restorative safeguarding - This approach emphasises holistic wellbeing, values of mutual concern and shared responsibilities across community (Mason et al, 2023). For example, family group conferencing might provide community-based support for an adult who has become isolated following harassment in the community.

Trauma-informed practice - This approach to social care interventions is grounded in an understanding that exposure to trauma (physically or emotionally harmful events or sets of circumstances, such as exposure to discriminatory abuse) can impact an individual's development. It is underpinned by ensuring emotional safety, trust, choice, collaboration, empowerment and cultural consideration. ***Useful resource***: Research in Practice (2019) Embedding Trauma-Informed Approaches in Adult Social Care



Learning from Safeguarding Adults Reviews

Safeguarding adult reviews (SARs) are statutory reports that support systems learning following the death or serious harm of an adult with care and support needs who has experienced abuse or neglect. Mason (2023) has published a review of several SARs that address discrimination and these examples provide an illustration to support practitioners to see the diverse ways in which discriminatory abuse may apply.

The following examples may be difficult or upsetting to read. Consider reading these when you have time and space to connect with the sad circumstances and consider reading the full SAR report and discussing any learning in supervision or team meetings.

While reading about these reviews, consider:

1) What protected characteristics did the person have?
2) How did the abuse or neglect of the person draw on their protected characteristics?
3) What other categories of abuse might apply, aside from discriminatory abuse?
4) How would your reading of the person's situation be affected if you did not know about their protected characteristics?

Not all of these reviews specifically name discriminatory abuse, but they do refer to situations where discrimination occurred and this framing could have been helpful.

Hassan (Brighton and Hove, 2026) (race, mental health, carer)

Hassan (40s) was from a racially minoritised background and had a history of mental health difficulties. Hassan began experiencing racist verbal abuse, which escalated to psychological and physical abuse. The incidents were reported and a range of actions were taken to reduce the risks to Hassan and his partner. However, the situation worsened and escalating incidents had a significant impact on Hassan's mental health, culminating in a very serious racist attack. Recommendations include increasing knowledge and awareness of discriminatory abuse, intersectionality and protected characteristics and developing hate and anti-social behaviour resources.

April (Surrey, 2025) (Asperger's, mental health)

April (20s) had several mental health admissions and required emergency health care frequently due to self-harm. The SAR draws attention to discriminatory practices and attitudes towards patients who express self-harm behaviours, suicidality and/or those who are deemed 'high intensity users', including the labelling of patients by professionals as 'manipulative' and 'attention seeking'. Recommendations include commissioning training support on personality disorders awareness for health and social care staff and unconscious bias in safeguarding work.

Bakar (Bristol, 2024) (Gender identity, sexuality, race, religion, mental health)

Bakar (50s) had migrated as a young person from Somalia, and had significant mental ill-health, alcohol use and several mental health and physical health conditions. There were concerns about transphobic and homophobic discrimination in the community, eight accommodation moves, a lack of basic facilities (such as cooking or refrigeration) and isolation from their faith and cultural community. Recommendations include for the SAB to ensure that partner agencies have a better awareness of the unique dynamics of discriminatory abuse (including protected characteristics and the role of professional biases) and should monitor and audit practice in this area.

JJ (Teeswide, 2024) (Gender identity, sexuality, mental health, autism)

JJ (23) had several mental health admissions and was subject to safeguarding concerns while admitted in relation to discriminatory abuse towards JJ's gender, sexual orientation and inappropriate contact. Recommendations include that agencies should ensure individuals' identity, preferred name and pronouns are reflected on the internal recording systems and in day-to-day practice.

Katherine (Dorset, 2019) (Gender, age)

Katherine (85) was admitted to hospital following an assault by her husband. The SAR discusses the disincentives to older people to take action in relation to domestic abuse and how attitudes and beliefs of professionals invisibilise and potentially normalise these experiences. Questions are raised for the SAB to consider how older people who experience domestic abuse access support and information.

Lee Irving (Newcastle, 2017) (Disability)

Lee (24) died in the context of disability hate crime (the SAR does not use the term 'discriminatory abuse' but it is inferred). He experienced bullying but reports indicated that he accepted this rather than cope with rejection from peers. He would also spend time with homeless people, sleeping rough, sharing taxis with strangers and giving his clothes and money away, but he did not appear to be aware of the risks he placed himself at. He was befriended by a man and moved into a flat with this person but was assaulted and given alcohol and drugs. Recommendations include ensuring professionals have more information and training on disability hate crime.

Olia and Baby W (Manchester, 2020) (Race, gender, maternity, mental health)

Olia (30s) was originally from an unnamed African country and had lived in the UK where two children had been removed from her care and she had been diagnosed with paranoid schizophrenia. She and her baby were found dead following concerns for her mental health and poor ante-natal engagement. The SAR found that insufficient attention was paid to her cultural heritage and considering what culturally sensitive support could be provided. Her non-engagement with services was not considered in the context of cultural barriers and taboos around mental health. This SAR asks challenging questions about race and racism in adult safeguarding and the review calls for reflections considering the 'Black Lives Matter' movement.



Activity:

Go to your local Safeguarding Adult Board website to identify local examples of SARs. Review these documents and check if the available SARs mention discriminatory abuse? If they do, what learning is proposed. If they do not, are the characteristics of the person identified and could an understanding of these have enabled a different analysis?

Section 2: Identifying Discriminatory Abuse

In this section, we will look at how practitioners can work towards identifying discriminatory abuse by:

1. Considering the barriers to identifying discriminatory abuse
2. Exploring visible and hidden aspects of discriminatory abuse

Barriers to identification

Discriminatory abuse is sometimes difficult to recognise. To identify discriminatory abuse, it is necessary to understand the person's identity and protected characteristics and to be curious about whether these have been targeted by the person causing harm.

Many protected characteristics may not be visible or obvious and if the person does not disclose or is not asked about this, this would be a barrier to identifying discriminatory abuse. This may include non-visible disabilities but it could also include some people who have other protected characteristics.



Activity:

What other protected characteristics might not be visible or immediately obvious in a social care context?



Question:

Sometimes people who experience discriminatory abuse find it difficult to identify it. Why might that be? If someone does not disclose discriminatory abuse, what signs might you notice?



Research suggests:

- Shame – personal characteristics are involved and people may be uncomfortable discussing them if they believe the practitioner may struggle to understand
- Everyday nature of abuse – People may feel that this is 'just part of life' rather than identifying discrimination as a safeguarding matter
- Feeling professional services will not be receptive, remembering that many people will have experienced discrimination in encounters with professionals

(Mason et al, 2022)



Practitioners said:

People who have experienced (or are experiencing) discriminatory abuse may:

- present as anxious, fearful and hypervigilant, around particular people or avoiding certain places and appear afraid to speak up and unusually quiet or withdrawn. This could encompass behaviours that professionals interpret as disengagement.
- respond with anger and become defensive or display changes in behaviour or mood, or portray unusual behaviours (out of the norm), and/or engage in risky situations and labelled as difficult or aggressive in this context.
- experiencing isolation, becoming reclusive, deteriorating relationships with others (e.g., stop seeing family and friends) or struggling with declining mental health and/or sleep problems or deteriorating physical health.

The person may tell you:

- they have been experiencing name-calling, slurs, derogatory comments, ridicule, mocking, bullying, being picked on, assaulted or harassed because of their protected characteristics.
- they have been targeted in the community, online, or at home because of their protected characteristics.
- they have received unfair treatment in a care or welfare setting or when using community services and they think this is due to their protected characteristics

They may also decide not to disclose anything



Activity

Sometimes practitioners do not identify discriminatory abuse, why might this be?



Research suggests:

Practitioners may not identify discriminatory abuse because:

- There may be a more obvious category of abuse to use
- They may not interpret discrimination as a safeguarding issue
- They may not ask, because of perceived taboos
- Discriminatory abuse may be hidden within the thoughts of the person causing harm or may be difficult to differentiate from more general antisocial behaviour

Professional biases are another important consideration. These can be implicit and unconscious, but can also be explicitly accepted within practitioner and agency norms, e.g. references to 'lifestyle choices' when it comes to substance use or homelessness (Mason et al, 2022; Mason, 2023).



Reflection:

Which of these barriers have you encountered with people you have worked with and what helped you to engage with the person and address these challenges?

When it comes to professional biases, are there biases you have encountered within safeguarding practice and how can you constructively address, discuss or raise this?

Thinking about your own biases, are there protected characteristics that you feel very comfortable working with and anywhere you feel less familiar or certain? What action do you need to take to address this? What support do you need?

Has organisational or supervision support been available to support you in addressing these barriers and feeling you have the permission to engage in this work. What might you do to request this support?

Hidden discriminatory abuse

Discriminatory abuse can also become hidden behind more obvious forms of abuse. This is often because the discriminatory element is not visible or disclosed but there is evidence of other, more obvious, forms of abuse. For example, with physical abuse, there may be evidence through bruising, scratches, or other medical evidence and the person may tell you that they have been assaulted. Any discriminatory motivations might not be obvious and might be hidden within the private thoughts of the person who caused harm.

However, many people who experience discrimination or micro-aggressions on account of their protected characteristic are attuned to the ways that their identity was a motivation (Shelley, 2022). Therefore, asking someone about this can be key. See Section on Conversation Prompts below.

The Johari window tool (Luft, 1969) can be helpful in considering what we know and do not know about people's protected characteristics.

Known to self and others	Known to self but not to others
Known to others but not self	Not known to self or others



Activity

Consider the following case study part A and think about protected characteristics. The read part B and consider how the Johari window might be helpful in this instance.

Case study:

Part 1

"Sam is a young man with learning disability and mental ill-health. A man he met on a bus started visiting and taking him out to the bank to withdraw large amounts of money. The bank staff were concerned and passed on concerns to the social worker. The police visited but he told them this person was a friend and he pays him to take him out. He agreed his dad should help him manage his finances and they discovered that this man had taken substantial sums from the account".

Part 2:

"Several months in to work with a social worker, Sam tells them that he is bisexual and that he was involved in a relationship with this man, who then disappeared when the police got involved and he feels lonely and hopeless. He does not accept that this man was trying to exploit him and he did not discuss his sexuality earlier due to fears of discrimination by professionals".



Practitioners said:

Sam's experience might be described as discriminatory abuse if he was targeted as a result of his care and support needs or sexuality. Even if Sam does not believe this, it remains helpful to consider this as a hypothesis to explore what has happened. His fears about discrimination within professional services offer a chance to prevent him feeling he cannot report future safeguarding concerns.

The Johari tool may be especially helpful at the outset of work to promote curiosity about what is known and unknown. It might also help to guide a conversation with the person you are working with about what you understand so far and whether there is any aspect of their situation you have not appreciated. However, like many aspects of safeguarding, certain aspects may remain unknown to both Sam and the social worker.

Section 3: Discussing Discriminatory Abuse

In this section we will explore ways of working with discriminatory abuse by:

1. Reflecting on the narratives that we bring to work with discriminatory abuse
2. Exploring conversation prompts to explore facets of discriminatory abuse in practice
3. Considering case study from practice

Initial reflection

Getting started:

- What experience do you have of working with people who have different protected characteristics?
- Are there areas where you feel more comfortable and confident?
- What are the areas where you want to develop your knowledge and skills?
- Do you believe that your organisational culture provides a safe space for you to explore the issues entailed within discriminatory abuse and if not, how can you raise this and who would you raise this with?
- What are the barriers to identifying discriminatory abuse from your own experience?
- What good practice examples do you have?

We encourage you to refer to Biswas' (2022) self-assessment tool around direct practice with discriminatory abuse for further self-evaluation.



Research spotlight: Three narratives when responding to discriminatory abuse

To understand the ways that practitioners think about responses to discriminatory abuse, I undertook a research project using creative story completion methods with 56 social care workers (Mason, 2025). Participants were given the first lines of a story and asked to continue this considering how the social worker in the story would respond if they thought discriminatory abuse may be occurring. The first lines of the story were:

> Pat is undertaking a social care assessment with Nicky who <*insert social characteristic*> and has care and support needs. Nicky tells Pat they have experienced name-calling and rough treatment in the community. It is not clear if this relates to Nicky's <*insert social characteristic*>. Pat knows it is important to return to this comment....

The participants were split into three groups and each group was asked to consider the person with care and support needs as having one of three protected characteristics: race, gender identity and mental ill-health.

The story completion project found that practitioners responded with three narrative types:

1. Anxious narratives - These stories discussed significant emotional content, particularly anxiety and fear about 'getting it wrong' when responding, particularly in the stories about gender identity. Although it was good to see practitioner self-awareness about knowledge gaps, this could stifle the conversations. It risked leaving the person unable to express what had happened to them. Those who recognise the potential for anxious ally narratives in their work should consider how they will shift away from focussing on their own anxieties and address their developmental needs with discriminatory abuse, in order to shift to a person-centred conversation.

2. Affirmative narratives - These narratives emphasised anti-oppressive practice, social justice issues and inequality as well as dialogue with the person and a recognition of their agency to make decisions. It was particularly likely to arise in the stories about race. Although these stories acknowledged broader structural issues like racism, transphobia and discrimination relating to mental ill-health, practitioners struggled to identify how to address this beyond universal services. Practitioners who recognise this narrative in their work should consider what community services and other supports might be available to support those they work with.

3. Administrative narratives – These narratives focussed on socio-legal Care Act duties to the person and often included long lists of actions or tasks particularly in stories about mental ill-health. Some stories demonstrated scepticism about whether discrimination was really occurring or about whether this was a role for safeguarding and this highlighted what some practitioners might see as a 'proper' social work role, sidelining apparently 'improper' roles. 'Bottom line' strategies of police referral were suggested but if the person rejected this, no proper role was envisaged for safeguarding. Practitioners adopting this narrative might find it difficult to identify their development needs without support, so it is important for supervisors and service leads to support their workforce with understanding their roles here. It is also important to recognise that in constrained service environments, this may be a valorised response.

The above research summarises research published in Qualitative Social Work (Mason, 2025)



Activity:

- What were your responses to the research findings and did you find yourself identifying more strongly with one of these?
- Do you think you might adopt different narratives when addressing different protected characteristics that you are more or less familiar with?
- Do you think you might adopt different narratives depending on your workload or pressures in work?
- What work do you need to do to shift your practice towards a rights based narrative more consistently?
- What support do you need to develop your knowledge and skills in this area?



Reflection: The Three Doctors

The research above takes the perspective of the social care worker who may be anxious, affirmative or administrative. Now imagine yourself as the person receiving services. Imagine you have attended hospital and you meet three doctors.

- The first doctor appears embarrassed and anxious and does not appear to know about the problem you have
- The second doctor spends time getting to know what is important to you and let's you know how they can help you navigate the problem
- The third doctor does not spend much time with you and is focussed on their own agenda, and disinterested in what you think is wrong
- Consider your response to the anxious narrative in the original activity - did the 'three doctors' exercise change your thinking about this?"

Which doctor would you prefer to work with and why?

Consider your response to the anxious narrative in the original activity - did the 'three doctors' exercise change your thinking about this?

What would the impact of these professional responses be for someone with lived experience?

The 'three doctors' exercise was developed by Jinyeun Lee, Impact and Knowledge Exchange Officer, Royal Holloway

Conversation Prompts

I asked practitioners what they thought might help begin a conversation about discriminatory abuse, in recognition of the barriers discussed above. The following are suggestions and ideas put forward by practitioners that are useful to consider in preparing for and having conversations.

Approaches and attitudes underpinning conversations

- Identify known protected characteristics from referrals or previous assessments, be aware that some may not be known and be prepared to consider intersectional characteristics. Remember that just because a previous record does not identify protected characteristics, it does not mean these do not exist.

- Consider what it will look like to adopt a person-centred, trauma-informed and anti-oppressive approach and be prepared to practice cultural competence and humility. Be aware of potential stereotypes, assumptions and bias.

- Self-assess your initial response to the task, are you anxious and feeling unprepared, wanting to progress the administrative tasks or ready to address any issues in an affirmative, rights-based way.

Consider reasonable adjustments

- Ensure conversations are held in a place where the individual feels safe, their needs are met and, where possible, has chosen. If relevant, ask: Where would you like the meeting to take place?

- Facilitate access to necessary communication aids (e.g, hearing aids, picture/word cards, S&L support, advocacy services, family or friends where appropriate). If relevant, ask: Do you need any support with communication? Do you prefer a particular language? Would you like an interpreter? Do you have your hearing aid and glasses with you? Do you need any other communication aids?

- Consider independent advocacy or if there is someone who shares the person's characteristics who can support them. If relevant, ask: Would you like to have someone who can speak up for you to be present, who would that person be?

Throughout the conversation:

- Be calm, open, respectful, non-judgmental, empathetic and supportive with the individual. Be aware of cultural humility, and any potential stereotypes, assumptions and bias you may hold.

- Get to know the person and build a relationship to be able to develop trust. Give the individual time to talk and to lead the conversation and demonstrate that you value their perspective through active listening or clarifying questions.

Exploratory questions / Key questions

Given the sensitive nature of this work, the following are suggestions for starting a conversation, they should not be treated as a script and you should tailor them to the person involved. In discussion, if a person indicates that discrimination did not take place, practitioners should think about any barriers to disclosing this (stigma, shame, etc.) before discounting it.

A note on jargon and accessible language

Think about whether the term 'protected characteristics' or 'discriminatory abuse' will be understood by those taking part in a conversation and how you might frame this using more accessible language:

- Are you able to tell me about what happened and how it made you feel? I'd really like to understand how this has affected you and how you feel about this.
- Has anyone said or done something that made you feel unsafe or uncomfortable because of your disability, race, gender, age, religion or sexuality?
- Do you have any thoughts or ideas about why the incident/ abuse happened? Do you feel this happened because of who you are, for example, your race, disability, gender, age, religion, sexuality?
- Have you heard of the words 'discrimination' or 'discriminatory abuse' before? What do you think it means?
- Sometimes I work with other people with [protected characteristics – see note on jargon above]. They sometimes tell me that they wonder whether this may be part of the reason why they have been targeted. But I am not sure whether this is true for you… If that's the case, I want you to know that help/support is available.
- We all come from different cultures. Is there anything about your cultural / personal background that you want me to be aware of?
- Do you feel like you have been treated unfairly or differently due to who you are? Do people make assumptions about you? Has this happened before? Does it happen often? When did this last happen? What makes you feel this way?
- What is it like living in your area/community? [Ask about their daily lives].

Planning/ next steps/ closing questions

- What things have you already tried? Have you spoken to anybody else about this?
- What would you like to happen? How best can we support you in this situation? Let's imagine you are watching this (what happened to you) as a video. What would you like to see happen next in the video?
- What decisions do you want to make about this situation? What does this person mean to you? (alleged abuser) Do they want to take any action?
- Who is involved in your daily life? Who are the people in your support network? Would you say they understand the way you have been treated?
- How do you feel about the options / opportunities open to you to address these issues?
- Do you feel you have got/are getting the right/same levels of service as other people might receive? Are you aware of any support services you can access?

Before ending the meeting

- Explain what discriminatory abuse and protected characteristics are, how they work and how you can support the person. Check that they share your analysis of what has happened.
- Suggest referring / signposting them to specialist services / charities that support people who have experienced similar forms of abuse or who share aspects of identity or characteristics.
- Be honest that some aspects might not be possible to completely resolve due to more societal aspects to discrimination, but that you want the person to develop an understanding of who and what might help if this happens again.

Ultimately, the suggested conversation prompts should be used to promote a safe space to talk and explore what might help and to maximise the value of the intervention. Even if the situation occurs again, your safeguarding converstion can equip the person with skills and knowledge about the discriminatory nature of these situations, that support does exist and that they do have allies (including within your safeguarding service).



Case Study activity

This anonymised case comes from a piece of work completed by a practitioner. The case study will be presented as told by the practitioner. Think about how you might have managed in this situation and then read how the practitioner managed.

> "I was working with an individual who had a mild learning disability. They had been to the council's housing department reporting arguments at home and looking for new accommodation. Housing referred them to adult social care but said they were not eligible for rehousing.
>
> When I visited, they were actually describing physical and domestic abuse in their relationship with their family members. As we spoke, I thought there was something not being explicitly said about sexuality or gender identity, but I was also cautious in terms of how to ask about this. This is not a conversation I had ever had before and it was quite high risk if I misunderstood what I believed was being hinted at.
>
> I asked about home and about the violence they were experiencing. I also asked what was triggering the abuse. When this did not yield a concrete response, I said that sometimes these things can happen when there are disagreements or prejudice about our identities or characteristics and whether this might be relevant here.
>
> When I said this, the individual initially appeared surprised, but then almost immediately looked relieved. They shared their trans identity and that this was playing a big role in their treatment at home. The conversation felt completely different from this point and it felt like they were more able to share what was on their mind. We were able to talk about culture, religion, gender identity, sexuality and family expectations. They did not want a police referral but still needed support and we were able to work towards independent living and connections with other people who identify as LGBTQ+ while working to improve relationships at home"



Activity

What are your reflections on this case study and the conversation that allowed the social worker to discover that the person was experiencing discriminatory abuse?

What went well and allowed this conversation to address the needs this person had?

How could you use skills from this example in your own practice?

Other case studies

Consider what advice you would give the practitioners for the following people.

> I worked with an Asian woman with mental health issues. Her neighbours saw different professionals coming to her flat and knew she was vulnerable. Once they found out that she does not leave the property they would knock on her door loudly, throw eggs at the windows and bang on walls. I noticed graffiti and broken eggs when I visited for a review. She appeared withdrawn and had not been outside the flat for weeks.

> I worked with an older white Eastern European man who was living in a hostel and had long term alcohol use and a mild cognitive impairment. He returned to the hostel after a head injury when he lost his balance. Ambulance staff refused to take him to hospital and explained to hostel staff that he had clearly been in a fight and just needed to sober up, hospital was for genuine emergencies.

1) How could you use the toolkit to support in these situations?
2) How would you prepare for the conversation?
3) What protected characteristics might be at play and in what ways might there be targeting?
4) How might you have a conversation about possible discriminatory abuse in these contexts?
5) What learning gaps do you have in relation to addressing these circumstances?
6) What support might be available in these circumstances?

Section 4: Supporting practice with Discriminatory Abuse

In this section, we will look at ways in which practice can be supported through broader actions:

1. Mapping local community and national resources
2. Supervision prompts
3. Team based learning and reflective activities
4. Strategic case studies
5. Messages for leaders
6. Further reading and resources

Mapping local community resources

Knowing your local community services is a crucial step for supporting your practice (or your team's practice) with discriminatory abuse or any practice with people who have protected characteristics.

Mapping local services could be an interesting project for a student or newly qualified worker to do, but all services should know this

- Which local services in your community work with hate crime?
- Where does your community safety partnership signpost hate crime support?
- What are the demographic features and levels of diversity of your local area and are there services that cater to these diverse groups or under-represented groups
- Are there local faith groups, culturally-specific services, women's services and LGBTQ+ services?
- What local services offer advocacy and support to older and disabled adults or those experiencing mental ill-health and do any offer intersectional support, e.g. a group for carers from specific communities or groups?
- What community support is offered locally for people with different protected characteristics?

It is important to note that many people with protected characteristics will already know about local community services that support people from their community or with their needs. They may have attempted to engage or may not have found the service suitable. People with intersectional needs may find a service unhelpful if it has only been able to offer support around one of their characteristics, for example a person who is disabled may not find local LGBTQ+ support accessible. Avoid presenting such services as a solid solution and instead ask the person what services they are aware of, or whether they have heard of the service you have found.

Local advocacy services should also be in a position to support someone with care and support needs during a safeguarding enquiry if they have difficulty engaging and do not have someone to support them – this may include not having someone who understands their protected characteristics, such as someone who identifies as LGBTQ+ who has family and friends but does not perceive them to be supportive.

National or online support services:

Many charities are known for their work with specific communities or groups and links are provided here to help you make a start, but this is not exhaustive. It is important to note that national organisations are not always best placed to provide local help, so this is a supplement to the more foundational community resource mapping exercise above.

Rather than providing a comprehensive list or directory, some illustrative services are included. Others do exist and you should search for this. National resources can relate to 'who people are' (their characteristics) but they might also respond to certain issues for certain communities. So signposting to a service that caters to a community but does not address the presenting need may not be helpful – this is the individual work that practitioners and teams need to do based on the needs of the person. Some services offer more intersectional support, examples of Age UK's work on race and sexuality and gender identity are below.

Examples:

Hate crime support

Victim Support

Disability related Support

Scope

Disability Rights UK

Mencap

Mental distress

MIND

Mental Health Foundation

Support for Older People

Age UK

Age UK support for older people who are LGBTQ+

Age UK Aging While Black Report 2025

Domestic Abuse Support

National Domestic Abuse Helpline

Latin American Women's Aid

GALOP LGBTQ+ Domestic Abuse charity

Support related to Race and Ethnicity

Race Equality Foundation

Southall Black Sisters

Imkaan

Support related to Faith and Religion

Muslim Women's Network UK

Jewish Care

LGBTQ+ Support

LGBT Switchboard

Akt LGBTQ+ charity



Supervision Prompts

I asked practitioners how supervision might help to support them in their work with discriminatory abuse. The suggestions below encourage the use of supervision as a reflective space to promote learning and consideration of the possibility of discriminatory abuse.

- Put reflection at the heart of supervision. Ascertain that reflection time for assumptions / bias / discrimination / discriminatory abuse is included on the agenda. Explain why recognising and naming Discriminatory Abuse matters.
- Ensure we don't only focus on admin tasks / timescales to the detriment of reflection.
- Adopt a no-blame culture and use it as a learning opportunity. Emphasise supervision is a safe space and protected time for open discussion and reflection so that staff feel able to share their experiences.
- Explore with the supervisee possible reasons for feeling unconfident when asking about certain protected characteristics. Identify together what would help them feel more comfortable and confident.
- Introduce the administrative, anxious and rights-based narratives, with reference to the 3 doctors exercise above.
- Consider using tools to support practitioners to reflect on power and privilege, such as intersectionality, unconscious bias activities, Johari Window to understand and link identity to discrimination.
- Ask how the supervisor or organisation can support further. (e.g, revisit the case/reflection, further training)

Team Based Learning and Reflection Activities

The nature of responding to discriminatory abuse is that is requires reflection about one's own biases and values, as well as blind-spots, which can be very difficult to identify on your own. Interacting with team members, means that you can explore the scenarios in this toolkit together, supporting each other to develop and sparking new ideas that come from working as a group. This can also help you to apply the toolkit in local context, for example discussing how discriminatory abuse might arise in your local community based on demographics or local concerns.

Suggested starter activity:

- Who on the team has encountered discriminatory abuse that a service user has experienced, what characteristics were targeted and what form did the discriminatory abuse take.
- Pay attention to whether certain characteristics, locations of abuse, or types of abuse through which the discrimination works (e.g. physical, financial etc) are more likely to be raised
- Ask your manager to check if these mirror the types of discriminatory abuse referrals that come in to the team

I have previously done this exercise with individual local authorities, finding that one local authority had a number of discriminatory abuse referrals all relating to older people's care homes, while another had a number of discriminatory abuse referrals all relating to younger people with learning disabilities in community settings. Drawing attention to this can help to identify patterns, blind-spots or unintentional biases in how discrimination is interpreted locally. This can lay the groundwork for expanding the range of situations that are interpreted as discriminatory abuse.

Other activities from this toolkit that work well in teams:

It may be particularly useful to discuss the community mapping activity from earlier in this section as a team, as colleagues may bring different knowledge on resources you may not have been familiar with.

If working with colleagues who have not seen the toolkit, you could share your summary of the resource at an agreed slot in a group supervision session and then do the exercise from Section 3 about narratives of discriminatory abuse. Allow space for colleagues to discuss whether the anxious, affirmative or administrative narratives sound familiar. Finish by doing the Three Doctors activity and see if this has changes anyone's perspective on the narrative they identified with.

Share the outcomes with local leaders such as your Principal Social Worker.

Strategic case studies

1. Safe spaces agenda – Westminster and Kensington and Chelsea

Tackling discriminatory abuse requires more than raising awareness through traditional channels and diverse communities experience different barriers to accessing safeguarding support. This includes language barriers, cultural stigma, fear of services, discrimination and a lack of confidence that concerns will be understood or acted upon. Through the *Staying Safe* project, the Safeguarding Adults Board adopted a strategic, community-led approach that began with listening to residents, voluntary organisations and community leaders about their experiences of safeguarding. The project was built on a co-production ethos, enabling communities to shape the messages, resources and training that best reflected their cultural and linguistic needs. This included the development of train-the-trainer programmes, community resource packs and awareness materials delivered by trusted local leaders, helping safeguarding become more relevant, understandable and accessible. Borne out of the Staying Safe project came the Safeguarding Black Minority Ethnic Network.

The Network has since become an important route for the Board to hear directly from communities about discriminatory abuse, hate crime, under-reporting, trust in services, vulnerability and the wider conditions that can prevent people from seeking help. This has helped the Board move the conversation beyond individual incidents of abuse and towards a stronger understanding of how discrimination, isolation, fear and lack of confidence in services can increase safeguarding risk.

A key lesson from this work was that language is not simply a communication issue but a safeguarding issue. The Board recognised that important concepts such as abuse, neglect, risk and support do not always translate directly across languages and cultures. Working through the Community Engagement Group the BME Safeguarding Network co-produced and translated the *Say No to Abuse* booklets into seven community languages, ensuring safeguarding information was available in ways that people could understand and trust. This wider community prevention programme helped make safeguarding messages more visible, trusted and accessible while also strengthening the Board's understanding of hidden harm and unmet need within a cultural perspective. The work demonstrated that effective prevention is not just about sharing information; it is about building confidence, creating trusted relationships, listening to communities and helping people recognise abuse and seek support earlier.

2. Preventing discriminatory abuse through community partnership (Brighton and Hove City Council)

Brighton and Hove City Council Adult Social Care is committed to preventing discriminatory abuse by listening to and acting on the experiences of Black and Racially Minoritised (BRM) communities. As part of this commitment, we have begun working with Bridging Change through its Community Voices Group model, creating a safe and trusted space for residents to share their experiences of care, support and safeguarding. Through conversations with over 30 people from racialised communities, we heard concerns about barriers to accessing support, including language challenges, lack of awareness of available services, cultural needs not being recognised, and people relying on family members to navigate complex multi-agency systems. Participants described how these barriers can leave people feeling excluded, overlooked or less able to access protection and support.

The findings are helping us strengthen our preventative approaches. We are exploring how we can continue to develop our culturally responsive practice, identify potential risks of discriminatory abuse earlier, reflect on and share learning from good practice (ref Safeguarding Adults Review SAR Hassan), increase awareness of safeguarding within communities and ensure people can access support without having to rely on confidence, advocacy skills or English language proficiency. By continuing to build stronger relationships with community organisations and embedding lived experience in service improvement, we aim to create a more inclusive adult social care system where everyone feels respected, heard and protected from harm.

A Safeguarding Adult Review, Hassan, has recently been published by the Brighton and Hove Safeguarding Adults Board in which discriminatory abuse is a key theme. This identified that whilst there were examples of good practice, including the recognition of and response to discriminatory abuse by professionals involved and the inclusion of Hassan's voice in the safeguarding enquiry undertaken, there were opportunities for discriminatory abuse to have been identified at an earlier point and for a more holistic and professionally curious approach to have been taken. The need to increase knowledge and awareness of discriminatory abuse as well as practicing intersectionality were amongst the recommendations made. A number of actions have been undertaken since these events occurred and the work being taken forward by Brighton and Hove City Council's Adult Social Care to create a more inclusive adult safeguarding system form a key part of future actions.



3. Improving recording of discriminatory abuse project – Cheshire East

Following workshops with practitioners, managers, the adult safeguarding service, IT systems staff and consultation with people with lived experience, changes were added to the IT system to make recording Discriminatory Abuse a simpler process.

A prompt appears when practitioner opens a safeguarding record, giving the *Care Act 2014* definition of Discriminatory Abuse. This acts as a reminder to practitioners that if Discriminatory Abuse is one of the categories of abuse, then it must be recorded alongside any other categories of abuse that apply. There is the facility to record multiple abuse types in the system. There is a pop-up box within the system with a link to the protected characteristics under the *Equality Act* 2010.

The most recent comparison before and after the prompt was added to system showed a percentage increase in reporting of approximately 20%.

4. Case examples on local SAB website to illustrate and raise awareness - Coventry

This example from Coventry SAB website provides a useful example of discriminatory abuse. It is helpful because it helps partner agencies to understand the types of situations that might be encompassed under the umbrella of discriminatory abuse which may help them to consider naming this on referrals, which in turn will help to bring a discriminatory abuse lens to work within the local authority from the referral stage onwards.

Messages for leaders

A key theme that arose from the workshops that informed this toolkit was that some practitioners report not feeling they would have organisational permission to explore discriminatory abuse in depth and that they do not believe they have organisational support in terms of supervision and training, but also around commissioning and the local multi-agency environment to examine this.

To progress this work, leaders should consider Biswas' (2022) self-assessment tool to see how their organisation is equipped to support practice with discriminatory abuse. In particular, leaders could consider:

- Engaging the Safeguarding Adults Board and Community Safety Partnership (if separate functions exist locally) to discuss work across these areas to promote practice with discriminatory abuse and hate crime.
- Case file audits to examine how protected characteristics are embedded into safeguarding practice
- Include addressing protected characteristics in supervision standards or principles
- Assess what training needs exist across your service, how these needs are most appropriately met and whether certain parts of the workforce (or multi-agency network) are priorities for skills development
- Consider messaging across your organisation that promotes principles of equity and non-discrimination and encourage an organisational culture in which every safeguarding practitioner feels supported to address these issues

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Further Reading and Practice Based Resources

- Research in Practice Podcast (2022)
  soundcloud.com/rip-ripfa/discriminatory-abuse-developing-practice-responses

- Mason, K. (2022) LGA Briefing for Practitioners
  www.local.gov.uk/parliament/briefings-and-responses/discriminatory-abuse-briefing-practitioners

- Biswas, A (2022) Partners in Health and Care Roundtable
  www.local.gov.uk/our-support/partners-care-and-health/safeguarding-resources/discriminatory-abuse-self-assessment-tool-safeguarding-adults/roundtable-discriminatory-abuse-14-july-2022

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Notes

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